

N. E.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
1. PLACE OF DEATH County <u>Carroll</u> <sup>1922</sup> Civil Dis. <u>22</u> or Village _____ or City <u>Ms. Kenzie Texas</u> No. _____ St.; _____ Ward) _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)				STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH 20221 File No. _____ Reg. No. <u>46</u> If a War Veteran, fill out blank below.
2. FULL NAME <u>Mrs. Elizabeth Hodge Taylor.</u> (a) Residence: No. <u>Ms. Kenzie Texas</u> _____ St. _____ Ward. _____ (If rural place of abode) _____ (If nonresident give city or town and State)		Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (Give War and Military Organization)		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	21. DATE OF DEATH (month, day, and year) <u>Sept 30</u> , 19 <u>37</u>	
6. DATE OF BIRTH (month, day, and year) <u>April 16 1866</u>		22. I HEREBY CERTIFY, that I attended deceased from _____ <u>10:30</u> to <u>Sept 30</u> , 19 <u>37</u> I last saw her alive on <u>Sept 15</u> , 19 <u>37</u> , death is said to have occurred on the date stated above, at _____.		
7. AGE Years <u>71</u> Months <u>5</u> Days <u>4</u>		The principal cause of death and related causes of importance in order of onset were as follows: <u>Arteriosclerosis &amp; Hypertension</u> Date of onset <u>1930</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		Contributory causes of importance not related to principal cause: <u>Broncho pneumonia</u> <u>at terminal pneumonia</u> <u>developed about 24 hrs before death</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Name of operation _____ Date of _____		
10. Date deceased last worked at this occupation (month and year) _____		What test confirmed diagnosis? <u>renal</u> Was there an autopsy? _____		
11. Total time (years) spent in this occupation _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide _____ Date of injury _____ 19 _____ Where did injury occur? _____ Specify whether injury occurred in industry, in home, or in public place. _____		
12. BIRTHPLACE (city or town) <u>Tenn</u> How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.				
13. NAME <u>J. B. Hodge</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
15. MAIDEN NAME <u>L. yce</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Tenn</u>				
17. INFORMANT (Address) <u>James Taylor</u> <u>Huntingdon Tenn</u>				
18. BURIAL, CREMATION, OR REMOVAL (Address) _____ Place <u>Holland Park</u> Date <u>9-21</u> , 19 <u>37</u>				
19. UNDERTAKER (Address) <u>Peruch Bros.</u> <u>Ms. Kenzie</u>				
20. FILED <u>10-5-</u> , 19 <u>37</u> <u>J. L. Baker</u> Registrar.				
MOTHER FATHERS OCCUPATION		Date of onset		